

Axiom Housing Association Limited

Bircham House

Inspection report

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Sawston
Cambridgeshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bircham House is registered to provide personal care to people living in their own flats within an extra care scheme in Sawston near Cambridge. At the time of our inspection a service was being provided to older people, people living with dementia, people living with mental health conditions, younger adults and people living with physical disabilities or sensory impairment. There were 26 people receiving personal care from the service and there were seven care staff employed at the time of this inspection.

This comprehensive inspection took place on 16 August 2017 and was unannounced.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not in the service during the inspection.

The provider's policy on administration and recording of medication had been followed by staff. People had their medication administered as prescribed. Audits in relation to medication administration had been completed and were robust, as they identified where areas of improvement were required.

People's needs were assessed and reviewed so that staff knew how to support them and maintain their wellbeing. People's care plans contained information, which detailed their individual care and support needs. Staff treated people with care and respect and made sure that their privacy and dignity was respected all of the time.

There was a system in place to record complaints. These records included the investigation and outcomes of complaints. Reviews of these records showed that people were satisfied with the outcomes.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's consent to care. This meant that there was a reduced risk that any decisions, made on people's behalf by staff, would not be in their best interest and as least restrictive as possible.

The provider had a recruitment process in place and staff were only employed in the service after all essential safety checks had been satisfactorily completed. Training was available for all staff which provided them with the skills they needed to meet people's health and wellbeing requirements.

People were involved in how their care and support was provided. People's health and welfare needs were identified and acted on where necessary. People were provided with a choice of food and drink.

There were systems in place to monitor and audit the quality of the service provided. People and staff were able to provide feedback and information and feel listened to. Audits carried out were effective and this meant that the provider was able to drive forward any necessary improvements.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by the registered manager and care manager during the day. An out of hours on call system was in place to support staff, when required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were administered their medication as prescribed.

Risks to people's safety and welfare had been assessed and staff knew how to manage the risks effectively.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow if they thought someone had been harmed.

The recruitment process ensured that only suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

People were supported to meet their needs by staff who had the necessary skills and competencies.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People's dignity, privacy and independence were respected.
People were involved in decisions about their care.

People received care that was kind and caring.

Is the service responsive?

Good ●

The service was responsive

Care plans were sufficiently detailed and up to date to meet

people's support needs.

There was a system in place to receive and manage people's concerns and complaints.

People were involved in the assessment and reviews of their health and social care needs. People received individualised support from staff who were responsive to their needs.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place. Staff were supported by the registered manager and care manager.

Audits had been completed and issues had been identified to improve the service. Quality assurance systems were in place to assess the quality of care for people and action had been taken to make improvements where necessary.

Bircham House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We reviewed the information to assist us with our planning of the inspection.

During the inspection we spoke with four people who used the service. We spoke with the care manager and two staff.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as staff training records.

Is the service safe?

Our findings

People felt the service was safe. One person said they felt safe because there were staff who, "Know what they're doing." People told us that staff responded to their emergency call bells (lifeline) in a timely way. One person said, "I have my lifeline on. It's very good. They [staff] come very quickly in case you have fallen."

Staff said that they had undertaken training in safeguarding people from harm and were able to explain the types of harm and the process to be followed when incidents of harm occurred. One member of staff told us, "There are signs in the different types of abuse [to look for]. For example marks if a person has been physically abused or neglected; psychological abuse could be crying. I would log everything and report to management and they will look into the issue." We saw that training records showed staff had received training in respect of safeguarding adults and children which was in line with safeguarding policies. We saw there was information about safeguarding in the form of a poster that was displayed in the extra care scheme. This showed us that there were processes in place to reduce the risk of harm to people who used the service.

People were kept safe because risks had been assessed and measures were put in place to manage those risks. We saw that one person had a risk of choking but the information was not as clear for staff as it needed to be. The care manager wrote a very detailed risk assessment whilst we were in the service. We saw that where people had returned to the service from hospital, risk assessments had been reviewed and changes recorded so that staff were aware of those changes. Staff told us about the people they cared for and were able to tell us about individual people's risks and the way they were managed. This meant staff were aware of how to manage people's areas of risk effectively.

There were records of accidents and incidents, which demonstrated that actions were taken to reduce the risks of the person having similar experiences. We saw that if people fell a number of times then appropriate healthcare professionals visited and equipment was provided where necessary. We saw, and staff confirmed, that accident and incident forms were completed and that managers updated risk assessments where necessary. One staff member said, "We advise people about their falls and sometimes it's about their shoes and suggest they try a different type of shoe."

We saw there were sufficient numbers of staff to meet the needs of people they supported; and staff confirmed this to be the case. People told us they had regular staff. However, one person said, "You just get used to them [staff] and they leave and you get someone else." One staff member said, "We sometimes have agency staff especially with holiday times. Some are very good but some let us down. We do have some regular agency staff and [name of care manager] tries to get cover. Sometimes the agency staff work on their own but only if they are one of the regulars [agency staff]."

We saw that safe and effective recruitment and selection processes were in place. These processes ensured staff were of good character, physically and mentally fit for the role and able to meet people's needs.

People were administered their prescribed medications safely and as prescribed. We saw that some people

had a medication that had specific requirements in relation to its administration. For example the medication should only be taken half an hour before any other medication or food. We saw records that showed the people were administered the medication safely and in line with the specific requirements. One person told us, "I have eye drops and they [staff] do them for me. They also put cream on for me as it helps with the pain. I do my tablets myself." Another person confirmed that staff, "See that I take my tablets each day." We saw that staff had recorded the number of tablets administered where there was a choice of one or two tablets to be taken.

We saw information that showed that training in medication administration had been provided and that staff attended regular updates each year. Staff confirmed that was the case. We saw that there had been one medication incident in the last year. We saw that this was in the process of being investigated and addressed. Staff confirmed that they were checked annually for competency in medication administration. This was to make sure that staff were competent to support people with their medication.

Medication administration records were audited regularly and where issues were found, such as gaps of recording, we saw that they had been addressed either through staff meetings or on an individual basis. Staff said that information about concerns in relation to medication administration was shared during the meetings to improve the care people received.

People told us, and we saw, that the staff ensured the spread of infection was minimised. This was because staff always used personal protection equipment such as aprons and gloves when providing personal care to people.

Is the service effective?

Our findings

Staff said they had completed an induction, e-learning (on-line training) and practical training in areas such as medication, moving and transferring, first aid and safeguarding of adults and children. Staff told us they completed yearly training to refresh and update their skills and knowledge. Staff told us that they had completed other training specific to their roles and that if they requested further training the registered manager would ensure it would be provided.

We saw the training plan in place which identified when staff needed to complete the updates for on-line courses. We noted that staff had completed most of their necessary updated training. This meant that people were being looked after by staff who had received training to support and meet their needs. One person told us, "They know what they're doing, especially the head carer."

Staff said they received regular one-to-one supervision on a regular basis. Staff said that they felt well-supported by the care manager and the registered manager.

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found that people's rights were being protected from unlawful decision making processes. At the time of our inspection the staff said that people who received a service had the mental capacity to make decisions about their care. One staff member said, "MCA and Deprivation of Liberty Safeguards were part of the Care Certificate and Level 2 in dementia [training]. All the residents [people using the service] have capacity. Some people are affected by dementia but no-one is struggling with capacity."

Staff told us that they ensured people could make choices, even when the choice was not in their best interest. We saw that one person (who had capacity) preferred to sleep in their chair, even though staff in the service, the GP and other health professionals had told them of the health issues in doing this. One staff member said, "We make sure people have a choice when they are deciding on the menu about what they want to eat and what they want to drink. If they [people] need help to dress then we give them a choice of about three things to choose from. People can have a choice of a male or female [staff member] when they have a bath. They can choose to take their medication, they can decide." We saw that people could remain in their flats or go into the communal lounges, should they choose to do so. People we spoke with said they were able to make choices for themselves, for example if they wanted to eat in the dining room of the extra care service, in their flat or out in the community. One person told us, "My [relative] comes and takes me out."

We checked and found that people's nutritional health was met. Staff said there was a chef who provided the meals each day in the extra care building. People said they chose what they wanted for lunch on the list provided and had kitchenettes in their flats for making drinks and snacks. One person said, "You have a menu and tick what you want for the next day. Sometimes they [catering staff] have to change it [the menu] but you can always find something. There are different menus for summer and winter." Another person said, "They [staff] get my tea; whatever I want [the staff provide it]."

We found that people's health and well-being was being met. One person said, "I know they [staff] would get the doctor if I was ill." Staff said they would call other professionals such as the GP, occupational therapist, District Nurse or emergency services when necessary. We saw information in people's care records that showed that health or social care professionals had been contacted appropriately.

Is the service caring?

Our findings

People made a number of positive comments about the staff who provided their care and support. One person said, "They [staff] are all very hard working." Another person said, "[Name of staff member] is a lovely girl. All the carers are really good."

People said they understood the plans about their care and that their views were listened to. People told us they were involved in decisions about their needs and how they wished to be supported. There was information in people's care files that showed they had been involved in the assessment of their needs. One person said, "I like to have a [female staff member] to bath me and I always have one."

Staff explained how they ensured people's dignity and respect was maintained through covering people whilst assisting them to wash or closing doors and curtains. One staff member said, "We make sure people don't feel naked and cover each side or lower and upper [parts of the body] when providing [personal] care. We give people privacy in the bathroom and do not provide [personal] care in the person's living room." One person said, "There is a [curtain] rail round [in the bathroom] so it's very private."

People confirmed they usually had regular staff to support them. Staff told us there were times when agency staff were used but they (staff) covered as many shifts as they could. Staff said that the care manager tried to ensure regular agency staff came to the service to keep some level of continuity. Staff said information was kept in each person's flat and this enabled them to meet people's care needs. One member of staff said that they had new staff work with them to learn about the job and how to meet the needs of people in the service.

People said they were encouraged to remain as independent as possible and remain in their own flats with support from staff in the service. One person said, "You're supposed to do a lot for yourself here. They [staff] help me with a bath and a shower."

We saw details of independent advocacy services that could be provided should people want them. Advocacy services are independent and support people to make and communicate their views and wishes.

Is the service responsive?

Our findings

We sat with people and looked at their care plans with them. The information in the care plans was individualised and detailed so that staff were able to meet people's needs. For example, people who had requested only male staff for their personal care told us that they had male staff provide their care as requested. We saw that people had a 'this is me' form in their care files, which staff confirmed detailed the personal history of a person's life as well as other information that showed people's likes and dislikes. Staff told us that the information was useful and meant they had things they could talk about with people.

Staff told us that information was shared regularly, so that they were kept up-to-date about changes in people's needs. For example, staff said, and we saw, there was a communication log that detailed things such as any appointments for people, changes in medication and input from healthcare professionals such as the district nurse. There were also verbal handover meetings at the beginning of each shift. This meant staff had access to information to enable them to provide the up-to-date care people needed.

People told us they and /or their relatives were involved in the assessment and regular reviews of the care and support being provided by the service. One person said, "If there's anything you want to know you just ask. The carers know everything that's going on [about you] and they write it in the book [care file]." People told us the care manager regularly visited them in their flats and checked that they were receiving the care they needed. This meant people had regular opportunities to talk about their changing needs or any concerns about the service.

Staff explained how they met the care needs for each person and could provide the consistent support that people needed. Staff told us about the care and support people received as well as the things people enjoyed doing. They explained about the areas people wanted help with and those they wanted to retain as much as possible in relation to their independence. One staff member told us that the aim was for people to continue their independent living for as long as possible with minimal input from staff.

We saw that people were protected from the risks of isolation and loneliness because a variety of activities were provided through the service and also in partnership with the housing activities person in Bircham House. One person said there were activities in the service on a Monday, Tuesday and Thursday. This encouraged people as far as possible to maintain their hobbies and interests. People told us about the activities they were involved in such as 'knit and natter' sessions, playing dominoes, tea and biscuits and film shows. One person said, "There are lots of things organised, like exercise classes, I go once a week in the morning." In the extra care building there were areas where people could sit and chat comfortably and in private; as well as communal lounges and dining areas where they could eat a meal and sit with other people.

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. Staff told us how they would help a person they were caring for make a complaint if they wished to. We saw that there were forms in the office for people to raise any concerns or compliments as well as information on notice boards in the service. People said they knew how to make a complaint and had the necessary

telephone numbers in the service folders in their flats if they needed to do so. One person told us, "I would report anything to someone here [in Bircham House] if I had any trouble." The care manager said that there had been no complaints about the service in the last twelve months.

Is the service well-led?

Our findings

We checked to find out how the service was being managed. There was a registered manager in post but they were not in the service at the time of the inspection. The registered manager was supported by a care manager and seven care staff. A staff member commented that the, "management is good here."

People were happy about the way the service was managed. One person said, "[Name of care manager] is a blessing to this place." Another person told us, "[Name of care manager] I see her occasionally. The person in the [housing] office is very kind." 'Residents meetings' were held by the housing manager and the care manager of the service attended in case there were issues in relation to the care service. One person said, "I go to all the meetings."

People were able to contact staff through an out of hours telephone system through their lifeline pendant or bracelet (emergency call bell system) if they needed assistance during the night. Staff said that they had telephone numbers for on call management so that they could be supported out of normal working hours and in the event of any emergency.

Staff told us they felt supported by the registered manager and care manager. One staff member told us, "We can talk to [name of care manager] for advice and can phone or ring the help centre for medication advice. [Name of registered manager] is contactable as well. If it's out of hours we can phone the GP, nurses or managers too. They always phone back."

Staff told us there were regular meetings where they could discuss concerns or suggest ways to improve the service. One staff member told us, "Team meetings are once a month. We talk about any errors, concerns about residents [people using the service] and how to improve the quality of the care."

People could be confident that there were procedures in place to review the standard of care provided by staff. People told us they were asked every day by the care staff and management about the care they were receiving. The care manager said that a system was in place to ensure that people's views about the quality of the service were taken into account. There were internal provider quality assurance questionnaires, the last of which was sent in December 2016. The response from people showed that they were happy with the care they received, had staff who always asked if the person needed further assistance and staff were friendly, helpful and polite. Eight people out of the 12 people made separate positive comments such as, "I am very happy with the service I receive for my care, I understand that it is a very demanding job and you have to be a little bit flexible," and, "At this age it is difficult to know what care you need, one is dealing with an entirely new situation, but the care staff here are very friendly and helpful." Four people did not make any specific responses made in the questionnaires.

Staff told us about the ethos of the service. One staff member said, "This [Bircham House] is a good place to work. The residents are nice and we have a small [staff] team so we work together to make a difference to people. Some people don't have families close by and so we support them and chat with them. I think we make a lot of difference."

The provider had a system in place to monitor and improve the quality of the service. There was an audit process to check the records returned from people's flats. Books contained the daily notes recorded by staff and there were also medication administration record (MAR) charts. The care manager said that the audits were completed and then signed as correct. The MAR charts had been audited and those seen had no discrepancies. The previous MAR charts had some issues, but these had been addressed with staff through staff meetings and individual discussions. This meant that the audits were robust and issues had been investigated and actioned to improve the service.